



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**EXTENSION GRANTED**

Form **990-T**

**Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e))

OMB No 1545-0687

**2011**

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

For calendar year 2011 or other tax year beginning 05/01, 2011, and ending 04/30, 2012. See separate instructions.

**A**  Check box if address changed

**B** Exempt under section  
 501(C)(3)  408(e)  220(e)  408A  530(a)  529(a)

**C** Book value of all assets at end of year: 7,870,512.

**D** Employer identification number (Employees' trust, see instructions): 48-0761700

**E** Unrelated business activity codes (See instructions): 541200

Name of organization (  Check box if name changed and see instructions )  
**Print or Type**  
NINNESCAH VALLEY HEALTH SYSTEMS, INC  
 Number, street, and room or suite no. If a P.O. box, see instructions  
P.O. BOX 367  
 City or town, state, and ZIP code  
KINGMAN, KS 67068

**F** Group exemption number (See instructions) ▶

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity ▶ ATTACHMENT 1

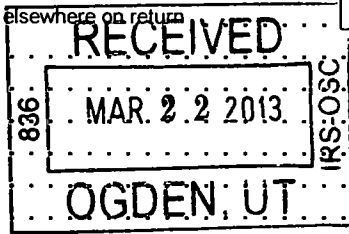
**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . .  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation ▶

**J** The books are in care of ▶ KENT HUDSON Telephone number ▶ 620-532-3147

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>12,250.</u>			
b	Less returns and allowances <u>                    </u> c Balance ▶	1c	12,250.	
2	Cost of goods sold (Schedule A, line 7) . . . . .	2		
3	Gross profit Subtract line 2 from line 1c . . . . .	3	12,250.	12,250.
4a	Capital gain net income (attach Schedule D) . . . . .	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .	4b		
c	Capital loss deduction for trusts . . . . .	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C) . . . . .	6		
7	Unrelated debt-financed income (Schedule E) . . . . .	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F) . . . . .	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) . . . . .	9		
10	Exploited exempt activity income (Schedule I) . . . . .	10		
11	Advertising income (Schedule J) . . . . .	11		
12	Other income (See instructions, attach schedule) . . . . .	12		
13	<b>Total.</b> Combine lines 3 through 12 . . . . .	13	12,250.	12,250.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K) . . . . .	14		
15	Salaries and wages . . . . .	15		
16	Repairs and maintenance . . . . .	16		
17	Bad debts . . . . .	17		
18	Interest (attach schedule) . . . . .	18		
19	Taxes and licenses . . . . .	19		
20	Charitable contributions (See instructions for limitation rules) . . . . .	20		
21	Depreciation (attach Form 4562) . . . . .	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		
23	Depletion . . . . .	23		
24	Contributions to deferred compensation plans . . . . .	24		
25	Employee benefit programs . . . . .	25		
26	Excess exempt expenses (Schedule I) . . . . .	26		
27	Excess readership costs (Schedule J) . . . . .	27		
28	Other deductions (attach schedule) . . . . .	28		
29	<b>Total deductions.</b> Add lines 14 through 28 . . . . .	29		
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 . . . . .	30		12,250.
31	Net operating loss deduction (limited to the amount on line 30) . . . . .	31		12,250.
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30 . . . . .	32		
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) . . . . .	33		1,000.
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 . . . . .	34		



SCANNED APR 02 2013

Part III Tax Computation

Table with 2 columns: Description and Line Number. Rows include 35 Organizations Taxable as Corporations, 36 Trusts Taxable at Trust Rates, 37 Proxy tax, 38 Alternative minimum tax, and 39 Total.

Part IV Tax and Payments

Table with 2 columns: Description and Line Number. Rows include 40a Foreign tax credit, 41 Subtract line 40e from line 39, 42 Other taxes, 43 Total tax, 44a Payments, 45 Total payments, 46 Estimated tax penalty, 47 Tax due, 48 Overpayment, and 49 Enter the amount of line 48.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Rows include 1 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account... and 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 4 columns: Line Number, Description, Line Number, and Yes/No. Rows include 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4a Additional section 263A costs, 4b Other costs, 5 Total, 6 Inventory at end of year, 7 Cost of goods sold, and 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer (Elizabeth S. Hogan), Date (3-11-13), Title (CEO). Includes a box for 'May the IRS discuss this return with the preparer shown below' with Yes checked.

Paid Preparer Use Only: Preparer's name (Elizabeth S. Hogan), signature, date (3/8/13), firm's name (BKD, LLP), firm's address (1551 N WATERFRONT PKWY, STE 300, WICHITA, KS 67206-6601), firm's EIN (44-0160260), and phone number (316-265-2811).

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income. Rows (1) through (4) and a Total row.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation, (b) Other deductions, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Rows (1) through (4) and a Totals row.

Totals

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Rows (1) through (4).

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Rows (1) through (4) and a Totals row.

Totals

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . . ▶		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> . . . . . ▶		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) . . . ▶						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>						
<b>Totals, Part II</b> (lines 1-5) . . . ▶		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			Enter here and on page 1, Part II, line 27

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) ATCH 2			%
(2)			%
(3)			%
(4)			%
<b>Total.</b> Enter here and on page 1, Part II, line 14. . . . . ▶			

NINNESCAH VALLEY HEALTH SYSTEMS  
 Federal NOL Carryforward Schedule  
 48-0761700

<b>TAX YEAR</b>	<b>ORIGINAL NOL</b>	<b>TAXABLE INCOME</b>	<b>LOSS PREVIOUSLY APPLIED</b>	<b>LOSS REMAINING</b>
4/30/1997	29,526	-	28,477	1,049
4/30/1998	18,470	-	-	18,470
4/30/1999	49,308	-	-	49,308
4/30/2000	51,279	-	-	51,279
4/30/2001	29,129	-	-	29,129
4/30/2002	9,143	-	-	9,143
4/30/2003	4,427	-	-	4,427
4/30/2004	7,353	-	-	7,353
4/30/2005	-	-	-	-
4/30/2006	-	-	-	-
4/30/2007	-	5,600	-	-
4/30/2008	-	11,677	-	-
4/30/2009	-	2,800	-	-
4/30/2010	-	4,200	-	-
4/30/2011	-	4,200	-	-
NOL Available for 4/30/2012				170,158
4/30/2012		12,250		(12,250)
<b>TOTAL NOL CARRYFORWARD TO 4/30/2013</b>				<b>157,908</b>

ATTACHMENT 1

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

PHYSICIAN BILLING AND PRACTICE MANAGEMENT SERVICES.

ATTACHMENT 2SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
GEORGE BURKET P.O. BOX 367 KINGMAN, KS 67068	CHAIRMAN/DIRECTOR	0	0
BILL KLAVER P.O. BOX 367 KINGMAN, KS 67068	VICE CHAIRMAN/DIRECTOR	0	0
PATTI BRACE P.O. BOX 367 KINGMAN, KS 67068	SECRETARY/DIRECTOR	0	0
BOB WUNSCH P.O. BOX 367 KINGMAN, KS 67068	TREASURER/DIRECTOR	0	0
SONDRA NICKELL P.O. BOX 367 KINGMAN, KS 67068	DIRECTOR	0	0
TIGER CRAIG P.O. BOX 367 KINGMAN, KS 67068	VICE CHAIRMAN/DIRECTOR	0	0
NEIL FREUND P.O. BOX 367 KINGMAN, KS 67068	DIRECTOR	0	0
KENT HUDSON P.O. BOX 367 KINGMAN, KS 67068	CFO	0	0
GARY TILLER P.O. BOX 367 KINGMAN, KS 67068	CEO	0	0
ROB DEWEESE P.O. BOX 367 KINGMAN, KS 67068	DIRECTOR	0	0





# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions <b>NINNESCAH VALLEY HEALTH SYSTEMS, INC</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> 48-0761700
	Number, street, and room or suite no. If a P O box, see instructions <b>P.O. BOX 367</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>KINGMAN, KS 67068</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ KENT HUDSON

Telephone No ▶ 620 532-3147 FAX No ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 03/15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year 20 \_\_\_\_ or

▶  tax year beginning 05/01, 20 11, and ending 04/30, 20 12

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a \$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b \$	0
c <b>Balance due.</b> Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c \$	0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.